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ABSTRACT

This document outlines a model which helps identify needed skills in preparing campus mental health professionals. Changes are recommended in training characteristics for academic and continuing education programs in the hope of closing a growing gap between the delivery system's needs and the training perspective professionals are receiving. For related documents concerning campus mental health, see HE 004 816, HE 004 815, HE 004 827, HE 004 829, and HE 004 830. (Author)

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Preparing Tomorrow's Campus Mental Health Professionals

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Preparing Tomorrow's

Campus Mental Health Professionals

This report was prepared by the *MANPOWER DEVELOPMENT AND IN-SERVICE TRAINING TASK FORCE* of the WICHE program, Improving Mental Health Services on Western Campuses, funded by a grant (MH 12419-01) from the National Institute of Mental Health, Experimental and Special Training Branch.

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FOREWORD

The WICHE program Improving Mental Health Services on Western Campuses was designed to focus on the very complex human concerns evolving from the current state of higher education. The program, in its study of these problems, has convened task forces deliberately comprised of representative members from the university community and from the larger community. The task-force design was used not only to facilitate an exchange of ideas, but also to explore applications of the community model as a means for resolving campus problems.

The first task force report, *Quality of Educational Life, Priorities for Today*, describes changes occurring within and beyond the campus that are forcing the higher education system to become more flexible in its philosophy and operations. Members of the task force felt that the response of the education system to its changing social context is crucial.

To aid campus administrators in their response, the second task force report, *Consultation: A Process for Continuous Institutional Renewal*, discusses how campus conditions can be assessed, trends and needs can be identified, and programs and policies can be designed and evaluated through an institutional audit and consultation process.

The third task force report, *New Designs: Prevent Educational Casualties, Promote Educational Growth*, decries the monolithic nature of higher education's environment and the toll it takes upon its members. Task force members felt this oppressive milieu causes such high levels of stress that wholly new approaches are needed for effective prevention. They therefore suggest several new campus designs.

The fourth task force report, *The Ecosystem Model: Designing Campus Environments*, provides a process model by which existing campus conditions and environments can be assessed and new ones created. Similarly, the fifth task force report, *Research Profiles: Student and Campus Analysis*, presents a model designed to research student and campus characteristics so that higher education can proceed with the development of programs and policies based upon accurate descriptive data. To put these models into full operation, campus mental health workers will need additional skills and a greater multidisciplinary educational background.

Thus, members of the program's sixth task force, Manpower Development and In-Service Training, concentrated their efforts on the new and broader array of skills campus mental health professionals would need to use and implement the suggestions made by the other task forces. In their report, *Preparing Tomorrow's Campus Mental Health Professionals*, they outline a model which helps identify

needed skills. They recommend changes in training characteristics for both academic and continuing education programs in the hope of closing a growing gap between the delivery system's needs and the training prospective professionals are receiving.

I wish to express my appreciation to the task force for their participation and contributions to the program. The task force meetings, with their frank and honest exchange of ideas, were a valuable learning experience for us all. I would also like to express my thanks to the program's Staff Associate, Lu Anne Aulepp, who assisted with task force meetings and in the assembling of the final report. Valuable assistance was given by our Program Secretaries, Linda Martin, who made task force meeting arrangements, and Carol Francis, who prepared the manuscript for publication.

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Preparing Tomorrow's Campus Mental Health Professionals

PREPARING TOMORROW'S

CAMPUS MENTAL HEALTH PROFESSIONALS

The campus mental health delivery system is changing in response to pressures from many quarters. Certainly economic concerns dictate that it become more directly involved with educational aspects of university life. Students seek the mental health system's assistance with a variety of their developmental needs and demand that it assume an active role in administrative and academic developments on campus. Increasing dehumanization within higher education makes it imperative that mental health services initiate programming that will ameliorate the negative transactions people experience with their campus environments.

These pressures and more have prompted many campus mental health facilities to experiment with new concepts and service delivery models. On campuses throughout the country, there are mental health services conducting programs which incorporate such new directions as community involvement to assess and build campus units that support educational goals and healthy student well-being. There are other services trying new models for outreach and educational programs and the use of paraprofessionals in their service delivery system.

Our sister task forces have outlined new areas of concern to which mental health facilities should address themselves. Among these are changing cultural patterns, the changing role of the university within society, and changing mental health concepts which emphasize growth, organizational intervention, and educational and preventive programming.

New models for consultation and assessment have been developed by the task forces. One model uses consultation as a process for institutional intervention, assessment, and renewal. Another model aims to assess the transactions occurring between campus environments and campus members as part of a design process for building better educational environments.

Common to the ideas and models developed by the task forces and by services practicing innovative programming is the need for a wider range of skills from mental health personnel. A survey conducted by the Task Force on Training of the National Counseling Center Director's Conference identified a shortage of candidates with skills in organizational development and consultation, change agentry, individual and organizational crisis intervention, and social-ecological and cross-cultural understanding. A gap between the helping professionals' current education and training and the service system's skill needs is emerging. This gap will only increase if concepts and models for curriculum and training are not updated.

Changes in Training Orientation

A growing public interest in certification and relicensure reinforces the need for fundamental changes in training orientation called for by the changing delivery patterns of campus mental health services. Underlying such fundamental change would be a belief that the learning process for professionals and paraprofessionals is never finished and that, therefore, there should be an ongoing educational system. Incentives and rewards should be established for participation in continuing education programs. Also underlying fundamental change would be a greater acknowledgment of and cross-fertilization by other disciplines, assuring that mental health personnel have knowledge of such fields as sociology, anthropology, political science, systems analysis, environmental studies, and architecture. A wider variety of practicums would be one result of this heightened consciousness.

By this we do not mean that a person matriculating in a helping profession must increase his or her educational load to incorporate all these areas, but rather that the person can have a greater range of specialties in which to major. Thus, mental health professionals may wish to prepare themselves to be clinicians, researchers, counselors, managers, systems experts, organizational consultants, environmental designers, etc., within the purview of their chosen field. In particular, professionals interested in campus mental health may choose in the future to drop some traditional requirements not germane to their main interest in favor of picking up studies and practicum work in university systems and governance, state and local politics, or cultural patterns and environmental design.

To achieve this kind of flexibility, we would recommend the following changes in the orientation of training characteristics.

Current Training Characteristics	Proposed Training Characteristics
1. Unidisciplinary	1. Multidisciplinary
2. Terminal (diploma)	2. Ongoing (certification for different levels)
3. Traditional-service-based (reactive)	3. Future-service-based (proactive)
4. Remedial orientation	4. Preventive orientation
5. Emphasis on the individual	5. Emphasis on person/environment transactions
6. Individual practitioner	6. Team collaborator
7. Selection on academic performance	7. Selection criteria diversified, include performance
8. Self-serving	8. Consumer-oriented/sociopolitical, awareness of implications for mental health programming
9. Pathology-oriented	9. Growth-oriented
10. Didactic emphasis	10. Experiential/didactic integrated
11. Theory-based	11. Theory/demonstration master teacher
12. Credit-oriented	12. Competency-oriented

Support Needed

The changes advocated in training orientation will necessitate support from each part of the university. Those in decision-making positions will need to be receptive to change and activist in their demands that mental health facilities push forward with innovative programs, staff development, and practicum experiences for students. Decision-makers should insist that a vehicle be built into the system that would provide curriculum committees with regular input from campus facilities concerning skill needs. They should support the concept of retraining for campus mental health personnel. They should encourage the use of the mental health facility as a resource center for educational development and problem solving.

Students, particularly students matriculating in helping professions, will need to keep pressure on the system so that it can evolve a broader concept of education and training. They need to evaluate continually what it is they want to bring to the profession and to work for courses and practicums that will enable them to develop the needed skills. Through this kind of activity, they can impress upon mental health educators the need to develop a more comprehensive approach than currently exists. There is reason to think that the master teacher concept might well be applied to future training, whereby the student acts as an apprentice in a practicum and is certified at each level of competency. In this way, career ladders and emphasis upon ongoing education are provided within the profession.

Faculty involved in mental health education must be receptive to changes which move the curriculum beyond its current individual and disease orientations. In doing so, they must obtain cooperation and resources from other disciplines within the university and throughout the community. They must be innovative in response to students' desires for practicums and willing to set up measures of competency beyond credit hours and grades. They must become more involved with helping students choose special areas of interest and guiding them through educational experiences that will achieve the students' goals. They must keep a constant review of service demands and program evolutions in order to keep curriculum abreast of field concepts and needs.

In general, faculty throughout the university will have to be supportive of the multidisciplinary approach. This will mean that time-honored prerequisites will have to be waived so that students will have the flexibility needed to acquire the special knowledge they wish to apply to their chosen field. Of course, the exchange should work both ways. If a political science student has particular interest in community psychology or an architecture student has particular interest in some behavioral science course, these students would be free to move across departmental borders as well without loss of major credit. And the

trend will most likely stimulate new courses in each department, as students with skill goals press for course offerings to meet their needs. The exchange of faculty members between departments to teach special courses should be encouraged as well.

Mental health service directors will need to work closely with the academic departments to relay information on changing service needs. Close collaboration will also be needed in setting up training that offers a greater range of experiences to fulfill students' specialized practicum requests while maintaining departmental academic goals. In addition, service directors should be supportive of staff development, willing to have staff participate in retraining and continuing education programs or pick up course work which will equip them with skills needed to conduct different types of programs.

Training and Service Functions

Along with the need for a reorientation in training characteristics goes the need for a careful look at the functions being conducted by campus mental health facilities. A review of service functions can help clarify what knowledge and skills are needed to perform broad categories of programming and can be a useful tool in providing feedback for curriculum and training design. Studying functions to determine their knowledge and skill requirements will also show the connection between the proposed training characteristics and the educational needs basic to these functions.

The task force suggests the following model as one way to study campus mental health service functions. First, the function and its general goals would be defined. Then pertinent competencies in the areas of knowledge, skills, and attitudes would be listed. Organizing the information in this way would then promote ideas for training in both academic preparation and continuing education needed to conduct the service function.

To illustrate how this model may be applied, we offer a brief run-through of the model's format in relation to six campus mental health service functions. The illustrations are not meant to be comprehensive; rather, they are demonstrations of how the model can be used.

I. DIRECT SERVICES: Provide an array of psychological services to people in need.

Competencies Needed to Provide the Function

Knowledge of:

1. How to assess the developmental needs of populations as well as the separate, idiosyncratic needs of individuals.

2. A broad range of service delivery models, including but not restricted to therapeutic, psychological, developmental, ecological, and biological models.

3. Issues facing populations with special needs, including minorities, women, adults, part-time students, returning students, handicapped, etc.

4. Different cultural patterns and needs.

Skills in:

1. Interventions within area of special training. For example, psychiatrists would have competence in chemical, biological, and therapeutic interventions. Psychologists would be competent in a selected array of diagnostic, assessment, and intervention strategies.

2. Working with diverse groups.

Attitudes:

1. Recognition of own biases about subgroups and individuals. Self-knowledge of personal and cultural limitations.

2. Willingness to consider alternative approaches.

Academic Preparation

1. Basic course work in cultural anthropology, psychology of women, ethnic studies, etc.

2. Studies in decision theory and transition points.

3. Demonstrated, i.e., performance board, competencies in at least two intervention techniques.

4. Experience in at least two settings that deal with nontraditional populations.

5. Human relations training program--experientially based--continuing over a two-year period.

Continuing Education

1. Workshop experience in cultural awareness, residential and follow-up.

2. Every third year a one-semester halftime assignment to another institution or agency dealing with a different population.

3. Sabbaticals for service people who are gaining new skills and knowledge.

4. Involvement of consultants on a regular, biannual basis from disciplines not represented on the service's staff.

5. Certification of service every three years which tests its capabilities to serve needs of campus population.

II. CONSULTATION: Maximizing professional impact through the consultative process to bring about change and growth in individuals, groups, and institutions.

Competencies Needed to Provide the Function

Knowledge of:

1. Normal growth and development as well as deviant behavior.

2. Group and interpersonal dynamics.

3. Principles of organizational development and change.

4. Person/environment transaction and effects.

Skills in:

1. Assessment and definition of individual, group, and institutional functioning.

2. Consultative interventions with individuals and groups and organizations. Interpersonal skills necessary for working with individuals and groups.

3. Evaluating effects of consultative interventions and processes. This would include both process and formal evaluation skills.

Attitudes:

1. Belief in the value of mutual exploration and problem solving as opposed to expert prescription. This would include the ability to say "I don't know."

2. Recognition that groups and institutions might be the preferred target for intervention.

3. Valuing the development of individual and group growth potential as opposed to exclusive attention to problems and pathology.

Academic Preparation

1. Didactic and experiential learning about the consultative process, i.e., ongoing group seminar coupled with experience and supervision, observation of competent role models, involvement with consumers of consultation.

2. Multidisciplinary course work, including anthropology, sociology, psychology, business, etc., covering areas of skill needs.

Continuing Education

1. Released time to attend courses, workshops, etc.

2. Serving as a nonremunerated coconsultant with recognized competent consultant as a training experience.

III. TRAINING: Preparing other professionals and paraprofessionals to implement mental health programs.

Competencies Needed to Provide the Function

Knowledge of:

1. Educational methodologies, including curriculum building, workshop development, simulation methods, and other experiential formats.

2. Educational technology, including the utilization of various audiovisual modalities such as movies, tapes, television, etc., in the teaching-learning process.

3. Selection, supervision, and evaluation criteria and methods.

4. Manpower development theory, including concepts of job entry levels, career ladders, and job placement.

Skills in:

1. The development of behavior objectives and training experiences to achieve objectives.

2. The use of a broad range of educational technologies such as audiovisual and other multimedia tools.

3. The selection, recruitment, and supervision of trainees, paraprofessionals, etc.

4. The evaluation of training outcomes.

Attitudes:

1. A willingness to continue to grow and learn.

2. Desire to "give away" skills.

3. Belief that training may be the preferred mode of treatment.

Academic Preparation

1. Multidisciplinary course work in such areas as educational methodology and technology, business personnel aspects of selection and placement, behavior assessment, and group development.

2. Practical supervised experience dealing with a full range of training possibilities. This could include serving as a trainee and as a paraprofessional in an area other than own profession, developing objectives and training packages, implementing and evaluating these packages, etc.

Continuing Education

1. Keeping abreast of new educational methodologies and technologies by: formal coursework, workshops, extended leaves in experiential settings, etc.

2. Serving as a consultant in the evaluation of other training programs.

IV. RESEARCH AND EVALUATION: Concern for needs assessment and evaluation of program effects.

Competencies Needed to Provide the Function

Knowledge of:

1. Research design and methodology, including statistics, measurement, test construction, etc.

2. Nontraditional evaluation designs, including quasi-experimental designs, unobtrusive measures, etc.

3. Systems theory, organizational theory, personality and ecosystem approaches.

4. The utilization of research data for change.

5. The political implications of data.

Skills in:

1. Establishing behavior objectives.
2. The observation and integration of information.
3. Designing evaluation plans to test program effects.
4. Assessment of person/environment transactions.
5. Communicating research findings.

Attitudes:

1. Belief that programs without clearly delineated goals and procedures for evaluating effects on campus are unethical.
2. Priority decisions about program targets and contents should be based on data.
3. Programs should be evaluated objectively on the basis of data and not influenced by personal investment, professional fads, national movements, etc.

Academic Preparation

1. Courses and experiences dealing with applied field research as opposed to only "pure" research in the laboratory setting.
2. Experience in needs assessment and identifying person/environment transactions.
3. Supervised practicum experience in planning an intervention program, establishing specific behavior objectives, and evaluating the program's effects.

Continuing Education

1. Periodic training experiences which require immersion in an environment with the objective of mapping that environment.
2. Once each year each professional presents to peers his or her experience in evaluating one of his or her professional functions.
3. All people with nonresearch roles serve as consultants in the evaluation of programs.

4. Interdisciplinary courses, workshops, etc., dealing with research methodology, systems theory, and assessment techniques, etc.

V. PREVENTIVE PROGRAMS: To provide services and programs designed to intervene in the prevention of mental health problems.

Competencies Needed to Provide the Function

Knowledge of:

1. Epidemiology and assessment of mental health problems and person/environment transactions.
2. Crisis theory and developmental patterns, etc.
3. Planning, implementing, and evaluating preventive programs.
4. Developmental and abnormal psychology.

Skills in:

1. Epidemiological analysis and assessment, e.g., incidence and prevalence rates.
2. Program development, implementation, and evaluation, i.e., how to train, teach, and assess.
3. Preventive intervention strategies, especially crisis intervention and anticipatory guidance strategies.

Attitudes:

1. Belief that prevention of problems is more important than reactive treatment after problems develop.
2. Willingness to forego the satisfaction gained through immediate interpersonal feedback and gratification acquired in the direct counseling model.

Academic Preparation

1. Course work in public health and community mental health, including epidemiology, crisis intervention theory, community structure, etc.
2. Supervised experience in assessing community needs, planning intervention strategy, implementing programs, and assessing results.

Continuing Education

1. Formal public health course work.

2. Experience activities, including consultation in community development or community mental health.

3. Spending some block of time focusing on the development of a preventive program.

VI. COMMUNITY RELATIONS: Outreach activities into community areas, such as high schools, ethnic subgroups, agencies, and the media, to enhance and maximize the development of individuals and groups.

Competencies Needed to Provide the Function

Knowledge of:

1. Community and institutional structures and organization.

2. Cultural differences in attitudes, use of agencies, values about education, etc.

3. Referral sources and interdisciplinary skills and competencies.

4. Interpersonal communication theory and interorganization theory.

Skills in:

1. Working with culturally different and professionally different groups.

2. The consultation process.

3. Individual and group communication.

4. Facilitating interagency cooperation.

Attitudes:

1. Belief that a college is an integral part of the community in which it exists--whether private or public.

2. Belief that professionals from other disciplines have contributions to make.

Academic Preparation

1. Coursework in public relations.

2. Small-group seminars involving didactic learning, role-playing, field visits, and preceptor experiences in the field, such as spending a day with a high school counselor, administrator, social worker, etc.

3. Involvement in community programs in a predominantly ethnic area staffed by an ethnic group.

4. Supervised field experience working in a community, developing and implementing programs involving target populations.

Continuing Education

1. Small-group seminars with emphasis on role-playing, e.g., Black-white encounter.

2. Exchanging work settings with other professionals for periods of time.

3. Utilizing consultants from other disciplines and agencies in planning own work. This could be a reciprocal arrangement.

The task force hopes that this model will be useful in building new content areas and approaches to mental health training and that it will stimulate further discussion about the need for changes in the education of mental health professionals.

Vehicles for Change

We believe that greater diversity in education and training for mental health personnel and an open-ended and ongoing mental health education will greatly advance the new and emerging service delivery patterns. People interested in activism will see the helping professions as vehicles for change and fulfillment of their personal goals. The mental health field will be attractive to people anchored in the human orientation of the helping professions and capable of conducting new campus mental health programs. It will no longer be characterized by total reliance on such conceptual restraints as disease, remediation, and one-to-one counseling.

The type of mental health education and training proposed by this task force would enable the higher education system to make maximum use of the models proposed by our sister task forces, chiefly the ecosystem model and the consultation model. The proposed new directions in education and training would also enable higher education to provide mental health services that more nearly fulfill the students' concept of an ideal mental health service.

One such model was developed by the students on this task force. Their ideal facility would be able through modular programming to interact with all parts of the university, providing resources for the assessment of university policies and programs and advocacy of change through development of new policies and programs. Their ideal facility would also be able to offer a number of programs to facilitate career choice, life planning, individual skills, leadership skills, academic achievement, and the functioning of student organizations and student subgroups.

Summary

Our task force views emerging new campus mental health service programs as a healthy response to the pressures being placed upon these facilities. We believe that in the future these services will move even more directly into educational and campus community programming. As they do, the need for a greater variety of skills will become crucial. Already directors of campus mental health facilities can identify skill areas which are needed but are not readily found in prospective job candidates.

A gap between education and training and service needs is developing. The new campus mental health programming indicates that training characteristics will have to change and new curriculums will have to be devised to produce the needed skills.

In view of what is known about the changing delivery systems, the task force makes the following recommendations.

- Academic preparation for the campus mental health professional should be wide-ranging and focused on competencies needed for expanding mental health functions as well as individual interests of the student. The use of multidisciplinary curriculums and a variety of practicums will be necessary.

- Continuing education should be required for campus mental health professionals and should be tied in with certification criteria. A vital corollary is the need to establish incentives and rewards for participation in continuing education programs.

- Continuing education for the campus mental health professional should draw upon several models, including released time for formal course work in other disciplines, workshops, sabbaticals to learn new skills through academic endeavors or work experience with a different agency and population base, and formal personnel exchanges between various types of mental health staffs or between mental health staffs and other university departments and/or community agencies.

- Campus mental health facilities should provide a training base for a variety of purposes. Included among these might be

paraprofessional training; mental health continuing education; practicum and internship training; and training programs for campus mental health allied professionals, campus groups, and community groups.

- Serious consideration should be given to the establishment of certification for campus mental health facilities. Prominent among the certification criteria should be the service's ability to serve individual and organizational needs within higher education.

- Serious consideration should be given to establishing certification for levels of competencies within the expanding roles of campus mental health personnel.

In order to facilitate these changes in the training and education of helping professionals, the task force proposes that training programs focus upon the identification of skills needed for service functions in planning educational and training strategies that will prepare people for these skills.

We hope the ideas and the model presented will help stimulate the beginning of change in the education and training of campus mental health personnel. Without recourse to adequately prepared personnel, the campus mental health facility will not be able to meet its new demands. If this situation is allowed to prevail, the mental health facility's orbit within the university system will be pushed further and further from the center of activity at a time when forces dictate that it should come more directly into the system.

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Improving Mental Health Services on Western Campuses

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